



EDMUND G. BROWN JR.
GOVERNOR



MATTHEW RODRIGUEZ
SECRETARY FOR
ENVIRONMENTAL PROTECTION

State Water Resources Control Board

Division of Drinking Water

Certified Mail

7012 3460 0003 1113 1069

January 23, 2015

Abrams Lake Mobile Estates
2110 S. Bascom Ave, Suite #201
Campbell, CA 95008

Attn: Linda Wells, General Manager

CITATION NO. 01_01_15C_003 FOR VIOLATION OF MAXIMUM CONTAMINANT LEVEL FOR
TOTAL COLIFORM BACTERIA, ABRAMS LAKE MOBILE ESTATES, SYSTEM #4700542

Enclosed is a citation issued to Abrams Lake Mobile Estates for violating the maximum contaminant level for coliform bacteria during the month of November 2014. The order specifies action to be taken by Abrams Lake Mobile Estates to achieve compliance and avoid future civil penalties.

Section 116577 of the California Safe Drinking Water Act provides for our department to be reimbursed by the public water system for costs incurred for preparing and issuing an enforcement action to that system. Therefore, your water system will be billed for the preparation and issuance of this order. Our costs are approximately \$128 per hour. At this time we have spent approximately one hour on enforcement activities associated with this violation. You will receive a bill for these costs in August, following the end of the State's fiscal year, from our Fee Billing Unit in Sacramento.

Should you have any questions, please contact me at (530) 224-4872 or Barry Sutter at (530) 224-4875.

A handwritten signature in black ink that reads "Tony Wiedemann".

Tony Wiedemann, P.E.
Klamath District Engineer
DRINKING WATER FIELD OPERATIONS BRANCH

Enclosures

cc: Richard Hinrichs, Chief – DDW – Northern California Section

1 **STATE OF CALIFORNIA**
2 **STATE WATER RESOURCES CONTROL BOARD**
3 **DIVISION OF DRINKING WATER**
4

5 Date: January 23, 2015
6

7 To: Abrams Lake Mobile Estates
8 2110 S. Bascom Ave, Suite #201
9 Campbell, CA 95008
10

11 Attn: Linda Wells, General Manager
12

13 **CITATION NO. 01_01_15C_003**
14 **FOR FAILURE TO**
15 **COMPLY WITH MAXIMUM CONTAMINANT LEVELS**
16 **FOR TOTAL COLIFORM BACTERIA**
17 **Section 64426.1**
18 **Title 22, California Code of Regulations**
19 **Public Water System: Abrams Lake Mobile Estates**
20 **Public Water System No.: 4700542**
21

22 Section 116650 of the California Health and Safety Code authorizes the issuance of a
23 citation to a public water system for violation of the California Safe Drinking Water Act
24 (Health and Safety Code, Division 104, Part 12, Chapter 4, commencing with Section
25 116270) (hereinafter "California SDWA"), or any regulation, standard, permit or order
26 issued or adopted thereunder.
27

1 The State Water Resources Control Board (hereinafter "State Board"), acting by and
2 through its Division of Drinking Water (hereinafter "Division") and the Deputy Director for
3 the Division (hereinafter "Deputy Director"), hereby issues a citation to the Abrams Lake
4 Mobile Estates for violation of Maximum Contaminant Levels for Total Coliform Bacteria,
5 Section 64426.1(a), California Code of Regulations (CCR)

6
7 **APPLICABLE AUTHORITIES**

8 **Section 64426.1 (Total Coliform Maximum Contaminant Level), CCR states in**
9 **relevant part:**

10
11 (b) A public water system is in violation of the total coliform MCL when any of the
12 following occurs:

13 (1) For a public water system which collects at least 40 samples per month, more
14 than 5.0 percent of the samples collected during any month are total coliform-
15 positive; or

16 (2) For a public water system which collects fewer than 40 samples per month, more
17 than one sample collected during any month is total coliform-positive; or

18 (3) Any repeat sample is fecal coliform-positive or E. coli-positive; or

19 (4) Any repeat sample following a fecal coliform-positive or E. coli-positive routine
20 sample is total coliform-positive.

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22 A copy of additional *Applicable Authorities* is located in Appendix 1, which is attached
23 hereto and incorporated by reference.

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Appendix 2: *Public Notice Template* may be used to fulfill this directive. The procedures for the distribution, format and content of the *Public Notice* shall be in accordance with Article 18, Section 64463 through Section 64465, CCR, which relevant parts are included in Appendix 1 *Applicable Authorities*.

3. Abrams Lake Mobile Estates shall complete Appendix 3: *Certification of Public Notification*. The Abrams Lake Mobile Estates shall submit the *Certification of Public Notification* with a copy of the *Public Notice* to the Division on or before **February 13, 2015**.

4. Abrams Lake Mobile Estates shall submit to the Division the information described in Title 22, CCR Section 64426 (b)(2) on or before **February 28, 2015**. Appendix 4: *Positive Total Coliform Investigation*, which is attached to this document and may be used to fulfill this directive.

All submittals required by this citation shall be submitted to the Division of Drinking Water at the following address:

Tony Wiedemann, P.E.
Klamath District Engineer
364 Knollcrest Drive, Suite 101
Redding CA, 96002

1
2 The Division reserves the right to make such modifications to this citation as it may deem
3 necessary to protect public health and safety. Such modifications may be issued as
4 amendments to this citation and shall be effective upon issuance.

5
6 Nothing in this Citation relieves the Abrams Lake Mobile Estates of its obligation to meet
7 the requirements of the California Safe Drinking Water Act (CHSC, Division 104, Part 12,
8 Chapter 4, commencing with Section 116270), or any regulation, standard, permit or
9 order issued thereunder.

10 11 **PARTIES BOUND**

12 This citation shall apply to and be binding upon Abrams Lake Mobile Estates, its owners,
13 shareholders, officers, directors, agents, employees, contractors, successors, and
14 assignees.

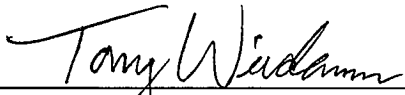
15 16 **SEVERABILITY**

17 The Directives of this citation are severable, and Abrams Lake Mobile Estates shall
18 comply with each and every provision thereof notwithstanding the effectiveness of any
19 provision.

20 21 **FURTHER ENFORCEMENT ACTION**

22 The California SDWA authorizes the Division to issue a citation or compliance order with
23 assessment of administrative penalties to a public water system for violation or continued
24 violation of the requirements of the California SDWA or any permit, regulation, permit or
25 order issued or adopted thereunder including, but not limited to, failure to correct a
26 violation identified in a citation or compliance order. The California SDWA also
27 authorizes the Division to take action to suspend or revoke a permit that has been issued

1 to a public water system if the system has violated applicable law or regulations or has
2 failed to comply with an order of the Division; and to petition the superior court to take
3 various enforcement measures against a public water system that has failed to comply
4 with an order of the Division. The Division does not waive any further enforcement action
5 by issuance of this citation or compliance order.
6

7 

8 January 23, 2015
Date

9 Tony Wiedemann, P.E., District Engineer
10 Klamath District
State Water Resources Control Board
Drinking Water Field Operations Branch

11 Appendices (4):

- 12 1. Applicable Authorities
13 2. Public Notification Template
14 3. Compliance Certification
4. Positive Total Coliform Investigation

15 Certified Mail No. 7012 3460 0003 1113 1069
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IMPORTANT INFORMATION ABOUT YOUR DRINKING WATER

Este informe contiene información muy importante sobre su agua potable.

Tradúzcalo o hable con alguien que lo entienda bien.

**State Coliform Standard Not Met for
Abrams Lake Mobile Estates – November 2014**

Our water system recently violated a drinking water standard. Although this incident was not an emergency, as our customers, you have a right to know what happened and what we did to correct this situation.

We routinely monitor for drinking water contaminants. In November 2014, routine water samples showed the presence of coliform bacteria. In accordance with State regulations, follow-up samples were taken which confirmed the presence of total coliform bacteria in the water. The standard is that no more than one sample per month may show the presence of total coliform bacteria. We took five samples in November and two of them tested positive for total coliform bacteria.

What should you do?

You do not need to boil your water or take other corrective actions.

This is not an emergency. If it had been, you would have been notified immediately. Total coliform bacteria are generally not harmful themselves. *Coliforms are bacteria which are naturally present in the environment and are used as an indicator that other, potentially-harmful, bacteria may be present. Coliforms were found in more samples than allowed and this was a warning of potential problems.*

Usually, coliform are a sign that there could be a problem with our treatment or distribution system (pipes). Whenever we detect coliform bacteria in any sample, we do follow-up testing and check for the presence of other bacteria of greater concern, such as fecal coliform or *E. coli*. **We did NOT find any fecal coliform or *E. coli* bacteria in any of our water samples.**

People with severely compromised immune systems, infants, and some elderly may be at increased risk. These people should seek advice about drinking water from their health care providers. General guidelines on ways to lessen the risk of infection by microbes are available from EPA's Safe Drinking Water Hotline at 1 (800) 426-4791.

If you have other health issues concerning the consumption of this water, you may wish to consult your doctor.

What Happened? What Was Done?

Persons wishing more information should contact:

(name)

(address)

(phone number)

Please share this information with other people who drink this water, especially those who may not have received this notice directly (for example, people in apartments, nursing homes, schools, and businesses). You can do this by posting this notice in a public place or distributing copies by hand or mail.

Appendix 3
Certification of Public Notification
(Community)

This form when completed and returned to the Division of Drinking Water (364 Knollcrest Drive, Suite 101, Redding, CA 96002 or fax to 530-224-4844), serves as certification that public notification to water users was completed as required by Title 22, California Code of Regulations, Sections 64463 - 64465.

Public Water System Name Abrams Lake Mobile Estates

Public Water System No. 4700542

Public notification for the **November 2014 total coliform MCL violation** was performed by the following method(s) (check and complete those that apply):

☐ The notice was mailed to users on _____
A copy of the notice is attached.

☐ The notice hand delivered to water customers on _____
A copy of the notice is attached.

☐ The notice was published in the local newspaper on _____
A copy of the newspaper notice is attached.

☐ The notice was posted in the following conspicuous places:
A copy of the notice is attached.

Provide the date (or dates) that the notice was posted _____

☐ The notice was delivered to the following community organizations:
A copy of the notice is attached.

Provide the date (or dates) that the notice was delivered _____

I hereby certify that the above information is factual.

Printed Name

Signature

Date

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

This form is intended to assist public water systems in completing the investigation required by the California Department of Public Health (Section 64426(b) of Title 22, California Code of Regulations) and may be modified to take into account conditions unique to the system.

ADMINISTRATIVE INFORMATION

Entity Name:	Name	System Address & Email	Telephone Number
PWSID NUMBER:	System Type:		
Operator in Responsible Charge (ORC)			
Person that collected TC samples if different than ORC			
System Owner			
Certified Laboratory for Microbiological Analyses			
Date Investigation Completed:			
Month(s) of Total Coliform MCL Failure:			

INVESTIGATION DETAILS

SOURCE	WELL (name)	WELL (name)	WELL (name)	WELL (name)	COMMENTS (attach additional pages if needed)
1. Inspect each well head for physical defects and report					
a. Is raw water sample tap upstream from point of disinfection?					
b. Is wellhead vent pipe screened?					
c. Is wellhead seal watertight?					
d. Is well head located in pit or is any piping from the wellhead submerged?					
e. Does the ground surface slope towards well head?					
f. Is there evidence of standing water near the wellhead?					
g. Are there any connections to the raw water piping that could be cross connections? (describe all connections in comments)					
h. Is the wellhead secured to prevent unauthorized access?					
i. To what treatment plant (name) does this well pump?					
j. How often does the system take a raw water total coliform (TC) test?					
k. Provide the date and result of the last TC test at this location					
2. Inspect and review records for surface water source (if applicable)					
a. Have there been any events in the watershed or near the intake that might have contributed to TC+ or EC+ results? (Describe)					

TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
1. If the system provides continuous chlorination treatment was there any equipment failure?					
a. Did the distribution system maintain chlorine residual?					
b. Was emergency chlorination initiated? If yes, for how long?					
c. Did the distribution system lose chlorine residual?					
2. If routine chlorination is not provided, was emergency chlorination initiated?					

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

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TREATMENT	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	PLANT (NAME)	COMMENTS
If Yes, when?					
3. Inspect each point where disinfectant is added and report					
a. Is the disinfectant feed pump feeding disinfectant?					
b. What is the feed rate of disinfectant in ml/minute?					
c. What is the concentration of the disinfectant solution being fed? (percent or mg/l of chlorine as HOCl)					
d. By what method was the concentration of solution determined? (ex: measured, manufacturer's literature)					
e. What is the age (days) of the disinfectant solution currently being used at this treatment location?					
f. What is the raw water flow rate at the point where disinfectant is added in gallons per minute?					
g. What is the total chlorine residual measured immediately downstream from the point of application?					
h. What is the free chlorine residual measured immediately downstream from the point of application?					
i. What is the contact time in minutes from the point of disinfectant application to the first customer?					

SAMPLE SITE EVALUATION (Complete for all TC+ or EC+ findings)	Routine Site TC+ or EC+	Upstream Site	Downstream Site	Sample 4 (specify)
1. What is the height of the sample tap above grade? (inches)				
2. Is the sample tap located in an exterior location or is it protected by an enclosure?				
3. Is the sample tap threaded, have a swing arm (kitchen sink) or an aerator (sinks)?				
4. Is the sample tap in good condition, free of leaks around the stem or packing?				
5. Can the sample tap be adjusted to the point where a good laminar flow can be achieved without excessive splash?				
6. Is the sample tap and areas around the sample tap clean and dry (free of animal droppings other contaminants or spray irrigation systems)?				
7. Is the area around the sample tap free of excessive vegetation or other impediments to sample collection?				
8. Describe how the tap was treated in preparation for sample collection (ran water, swabbed with disinfectant, flamed, etc.).				
9. Is this sample tap designated on the sampling plan submitted with this information request?				
10. What were the weather conditions at the time of the positive sample (rainy, windy, and sunny)?				

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

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STORAGE		TANK (name)	TANK (name)	TANK (name)	TANK (name)	COMMENTS
1. Is each tank locked to prevent unauthorized access?						
2. Are all vents of each tank screened down-turned to prevent dust and dirt from entering the tank?						
3. Is the overflow on each tank screened?						
4. Are there any unsealed openings in the tank such as access doors, water level indicators hatches, etc.?						
5. Is the roof/cover of the tank sealed and free of any leaks?						
6. Is the tank above ground or buried?						
a. If buried or partially buried, are there provisions to direct surface water away from the site.						
b. Has the interior of the tank been inspected to identify any sanitary defects, such as root intrusion?						
8. Does the tank "float" on the distribution system or are there separate inlet and outlet lines?						
9. What is the measured chlorine residual (total/free) of the water exiting the storage tank today ?						
10. What is the volume of the storage tank in gallons?						
11. Is the tank baffled?						
12. Prior to the TC+ or EC+, what was the previous date item #1-7 were checked and documented?						

DISTRIBUTION SYSTEM	SYSTEM RESPONSES
1. What is the minimum pressure maintained in the distribution system?	
2. Did pressure in the distribution system drop to less than 5 psi prior to positive bacit?	
3. Has the distribution system been worked on within the last week? (taps, hydrant flushing, main breaks, mainline extensions, etc.) If yes, provide details.	
4. Are there any signs of excavations near your distribution system not under the direct control of your maintenance staff?	
5. Has the distribution system been inspected to check for mainline leaks? Is there or has there been a mainline leak?	
6. If there was a mainline leak, when was it repaired?	
7. On what date was the distribution system last flushed?	
8. Is there a written flushing procedure you can provide for our review?	
9. Do you have an active cross-connection control program?	
10. What is name & phone number of your Cross-Connection Control Program Coordinator?	
11. Is the review and testing of backflow prevention devices current?	
12. On what date was the last physical survey of the system done to identify cross-connections?	

APPENDIX 4. POSITIVE TOTAL COLIFORM INVESTIGATION

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BOOSTER STATION	Response
1. Does the system have a booster pump? How many?	
2. Does the system have a standby booster pump if the main pump fails?	
3. Prior to bacteriological quality problems, did the booster pump fail?	
4. Do you notice standing water, leakage at the booster station?	

GENERAL OPERATIONS:	Response
1. Where there any power outages that affected water system facilities during the 30 days prior to the TC+ or EC + findings?	
2. Where there any main breaks, water outages, or low pressure reported in the service area where TC+ or EC+ samples were located.	
3. Does the system have backup power or elevated storage?	
4. During or soon after bacteriological quality problems, were any complaints received of any customers' illness suspected of being waterborne? How many?	
5. What were the symptoms of illness in received complaints about customers being sick?	

ADDITIONAL INFORMATION TO BE SUBMITTED WITH RESPONSES TO THE ABOVE QUESTIONS

1. **Sketch** of System showing all sources, treatment locations, storage tanks, microbiological sampling sites and general layout of the distribution system including the location of all hazardous connections such as the wastewater treatment facility.
2. A set of photographs of the well, pressure tanks, and storage tanks in the system may be submitted if they would show that the contamination is directly related and changes have been made since the last inspection by our Department
3. Name, certification level and certificate number of the Operator in Responsible Charge.
4. Copy of the last cross connection survey performed that identifies the location of all unprotected cross connections.
5. Updated source water assessment(s) (DWSAP) if there have been changes to well construction or potentially contaminating activities (PCA list) since last inspection.

SUMMARY: BASED ON THE RESULTS OF YOUR INVESTIGATION AND ANY OTHER INFORMATION AT YOUR DISPOSAL, WHAT DO YOU BELIEVE TO BE THE CAUSE OF THE POSITIVE TOTAL COLIFORM SAMPLES FROM YOUR PUBLIC WATER SYSTEM?

CERTIFICATION: I CERTIFY THAT THE INFORMATION SUBMITTED IN RESPONSE TO THE QUESTIONS ABOVE IS ACCURATE TO THE BEST OF MY PROFESSIONAL KNOWLEDGE

NAME: _____

TITLE: _____

DATE: _____